

## Affidavit and Authorization for Release of Information – Iowa Board of Medicine

**Applicant:** Applicant must sign this form in the physical presence of a notary public with an attached passport-quality color photo. If you are using FCVS for credentials verification, consider having that form notarized at the same time. Send the separate notarized FCVS form to FCVS. **Do not send this form to FCVS** as doing so will delay your licensure.

**Send this form to the board you are applying to for licensure.** Include all other required materials.  
A directory of state medical and osteopathic boards is available at <http://www.fsmb.org/policy/contacts>.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in the application for licensure in Iowa, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and the State Specific Addendum and I have personally answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand I am responsible for completing my own application for licensure in Iowa. My failure to complete my own application, failure to answer questions contained in the application truthfully and completely, or failure to sign this document in the physical presence of a notary may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.

### Applicant Photograph

Securely tape or glue a recent (per the board's instructions) front-view 2" x 2" passport-quality color photo of yourself in this square.

\_\_\_\_\_  
*Applicant's signature (must be signed in the physical presence of a notary. Notarization via webcam or any other method is not allowed.)*

\_\_\_\_\_  
*Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)*

\_\_\_\_\_  
*Date of signature (must correspond to date of notarization)*

### NOTARY

Please note: The Notary Public seal should overlap the bottom of the photo to the left.

State of \_\_\_\_\_, County of \_\_\_\_\_,

I certify that on the date set forth below, the individual named above did appear physically before me and that I did identify this applicant by: (a) comparing his/her appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_ My Notary Commission Expires \_\_\_\_\_